

Acromioclavicular (AC) joint injury



Summary points to remember:

- Use this link or QR code to watch a video about an AC joint injury: thermh.org.au/vfc
- The AC joint is where the collarbone meets the top of the shoulder blade. AC joint injuries are graded according to which structures are injured
- Wear your sling for two weeks
- This brochure provides some information to assist with the management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury
- All treatment options have risks and benefits
- If you have any concerns about the progress of your rehabilitation contact the Virtual Fracture Clinic promptly
- Do not continue the exercises in the brochure if:
 - You experience increasing pain (some discomfort is common)
 - Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
 - You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it
- This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at the Royal Melbourne Hospital (RMH)
- If you do not understand the information seek clarification from the Virtual Fracture Clinic
- Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition
- Keep this brochure as you may need to read it again



Virtual Fracture Clinic

The Virtual Fracture Clinic gives fast access to a specialist orthopaedic opinion without having to visit the RMH in person. An orthopaedic surgeon will review your case, then a staff member will contact you to discuss your management plan.

Your diagnosis is: acromioclavicular joint injury

The acromioclavicular (AC) joint is where the clavicle (collarbone) meets the acromion (top of the shoulder blade). The joint is held stable by ligaments and a joint capsule.

A dislocation means that one or more of the ligaments have been injured.

An AC joint injury is graded according to which structures are injured:

- Grade 1 means a sprain or tear of the joint capsule
- Grade 2 means a sprain or tear of the capsule and AC ligament
- Grade 3 means a tear of the coraco-clavicular ligaments (conoid and trapezoid) as well as the AC ligament

AC joint injuries are common, and often occur from a fall onto the shoulder tip or a fall onto the outstretched hand.



Early management: the first 72 hours

It is normal for your shoulder to become bruised and swollen. This will settle over a few weeks. Follow these guidelines to help with any pain and swelling:

Rest: Avoid any activity that increases your pain.

Ice: Ice your shoulder for **20 minutes every one to two hours**. Use an ice pack, bag of frozen vegetables or crushed ice wrapped in a towel. Do not place ice directly on your skin. Continue for **three to 10 days** after your injury.

Sling

Wear a sling to support your arm for two weeks. Your fingers should be slightly higher than your elbow when resting in the sling. Remove the sling for showers and sleeping, if comfortable.



Lifting

For the **first three weeks** after your injury (weeks one, two and three) do not lift anything weighing **more than 250g** with your injured arm (about the weight of a cup of tea or mobile phone).

For the **following three weeks** (weeks four, five and six) do not lift more than **five kilograms**.

Medication

Simple medication such as paracetamol or NSAIDs (non-steroidal anti-inflammatory drugs) may help to control your pain.

Speak with your General Practitioner (GP, also called your local doctor or family doctor) or pharmacist about medication options.

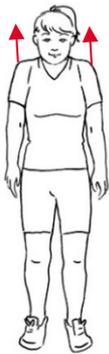
Smoking

Research shows that smoking increases the risk of poor healing after an injury. Stopping smoking will improve the chance of a good outcome. For further information on quitting smoking visit quitnow.gov.au or speak with your GP.

Rehabilitation exercises: after 48-72 hours

Remove the sling and perform these exercises **four times a day**:

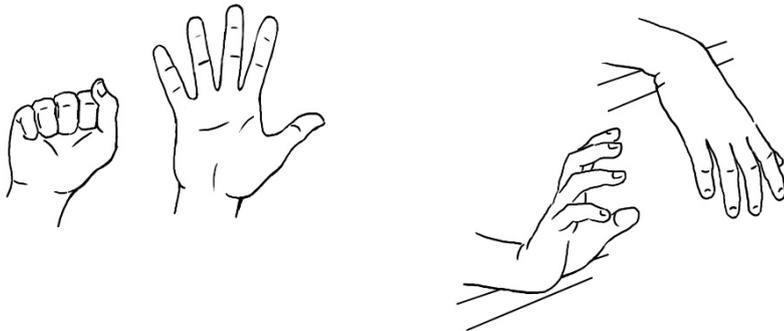
- Shrug your shoulders up towards your ears and then down. Repeat 10 times



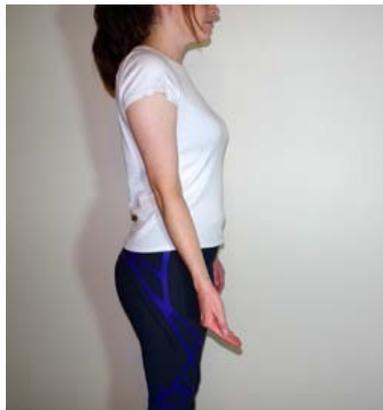
- Squeeze your shoulder blades together. Hold for five seconds then rest. Repeat 10 times



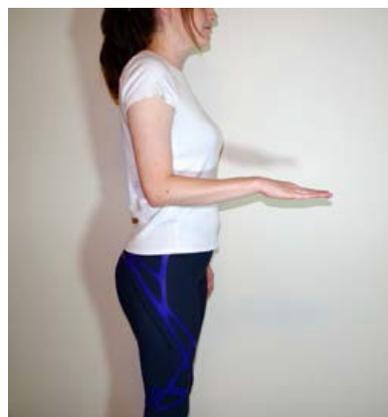
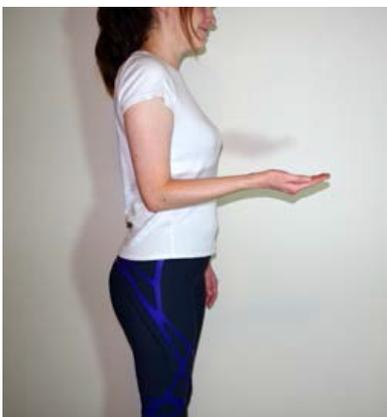
- Open and close your hand, and move your wrist up and down. Repeat 10 times each



- Bend and straighten your elbow. Use your good arm to help if needed. Repeat 10 times



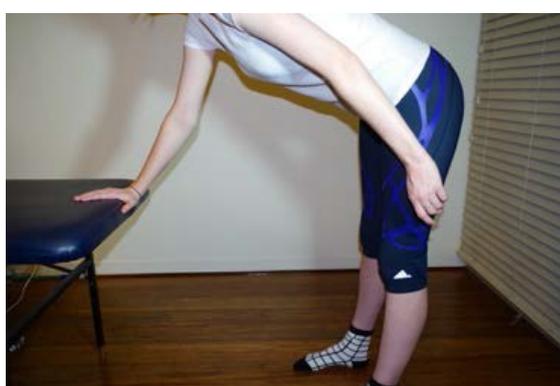
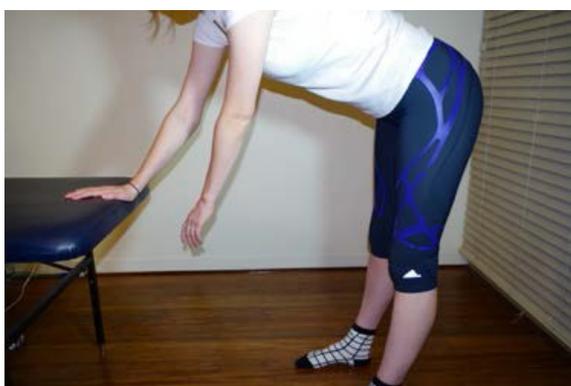
- Start with your elbow bent to 90 degrees by your side. Rotate your palm up and down to feel a mild stretch. Repeat 10 times



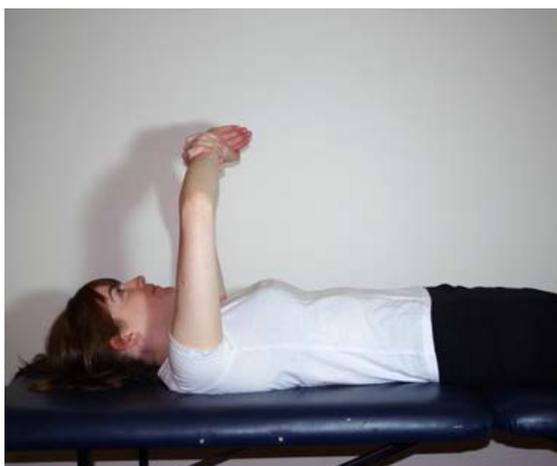
After one week add these exercises

- Lean forward, supporting yourself with your good arm. Hang your injured arm down. Gently swing the injured arm:
 - In circles
 - Front to back
 - Side to side

Repeat 10 times in each direction



- Lie on your back. Use your good arm to lift your injured arm off your chest. Repeat 10 times



- Use your good arm to lift your injured arm up to the front. Repeat 10 times



- Stand with your elbow bent to 90 degrees and tucked into your side. Use an umbrella or stick to rotate the injured arm outwards. Hold for five seconds. Repeat 10 times



Physiotherapy

Physiotherapy rehabilitation is important after an AC joint injury.

Speak with your GP about physiotherapy options in your area, or contact the Virtual Fracture Clinic to arrange physiotherapy at the RMH.

Expected return to daily activities

Different people recover from injuries at different rates.

Return to driving

You may return to driving three weeks after your injury provided your shoulder strength is restored **and** you are able to lift your arm without pain.

You may be cleared to drive sooner by a doctor or physiotherapist following functional testing.

Return to work

The amount of time you will need off work relates to the severity of your injury and your work requirements. Discuss your return-to-work plan with your GP and employer.

As a guide:

- Manual workers: If you need to climb ladders or do repetitive lifting it may take **six to eight weeks** to return to normal duties
- Desk workers: You may return as soon as your pain allows

Return to sport

It is recommended that you see a physiotherapist for a guided return-to-sport program.

Longer term recovery and expectations

Most people return to regular activity levels within three months. Occasionally they have ongoing shoulder stiffness.

If you have significant problems **three to six months** after your injury despite rehabilitation you may need a review with an orthopaedic specialist. Discuss this with your GP.

Contact

Contact the Virtual Fracture Clinic if:

- You have not heard from us **two working days** after your Emergency Department visit
- Your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- You notice increasing pain without a cause after it was improving
- You notice major numbness, pins and needles, or changes in circulation in your hand or arm
- Your symptoms are still bad after six weeks

Contact

Virtual Fracture Clinic
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Practitioner / Patient notes

